

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531755** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		3		1		
5	1		1			
6		1		1		
7		1		1		
8	1		1			
9	1			1		
10	1			1		
11	1			1		
12	1		1			
13	1			1		
14	1			1		
15	4			1		
16	3			1		
17	1		1			
18		1		1		
19	1			1		
20	1			1		
21	1			1		
22	4			1		
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50						
TOTAL IND.	5		6			
TOTAL DEP.	27	←	17	←	←	
TOTAL CLAIMS	32		23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						